

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039270

STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 3012 Registrar's No. 130

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

16001

26001

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41

52

6

70

82

94201

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11

121-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 14 1963

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Excelsior Springs	
Length of stay in 1b most of life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Institute Hosp.		d. STREET ADDRESS (If outside, give location) 404 E. Broadway	
3. NAME OF DECEASED (Type or print) First Middle Last Eda Ann Davis		4. DATE OF DEATH Nov. 5, 1963	
5. SEX Female c	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Caldwell County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac Teegarden		13b. MOTHER'S MAIDEN NAME Ellen McCubbin	
14. NAME OF HUSBAND OR WIFE Bess Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Homer Martin, Lawson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Coronary Thrombosis & Myocardial Infarction DUE TO (c) Chronic Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH weeks years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 9, 1963 to Nov. 5, 1963 and last saw her alive on Nov. 5, 1963. Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles F. Lambert, M.D.		22b. ADDRESS Excelsior Springs, Mo.	
22c. DATE SIGNED 11-6-63		22d. LOCATION (City, town, or county) (State) Lawson, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-8-63	
23c. NAME OF CEMETERY OR CREMATORY Lawson		23d. LOCATION (City, town, or county) (State) Lawson, Mo.	
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 11-6-63	
26. REGISTRAR'S SIGNATURE		Barclay Hutchings	

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lindell Jarman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.